

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

*** May be used for additional claims or amendments**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6							56			
7	1						57			
8	1						58			
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10		1					60			
11		1					61			
12	1						62			
13		1					63			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			